

Edgar Anderson

Town

County

Died at

Baltimore Co. St. Agnes' Sanitarium

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr. 14

Age 25.6.

America

Railroad

Male

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

Typhoid Fever

How long sick

6 weeks

Accident, Suicide, Homicide

Reported by

J. H. Brown M.D.

Address

Linden St. Pressman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Martha Anderson

Town

Towson

County

Baltimore

MARYLAND

Died at

Date 1902

Month

April

Day

1st

Y.

7

M.

2

D.

4

Native of

Maryland

Occupation

~~Male~~

Female

~~White~~

Colored

~~Married~~~~Single~~~~Widow~~~~Widower~~~~Divorced~~

Number of children living

Husband
of

Wife

Father's

Name

Charles Anderson

Mother's

Name

Rose Anderson

Cause of

Primary

Pneumonia

Death

Immediate

Tuberculosis

How long sick

Two months

~~Accident~~ ~~Suicide~~ ~~Homicide~~

Reported by

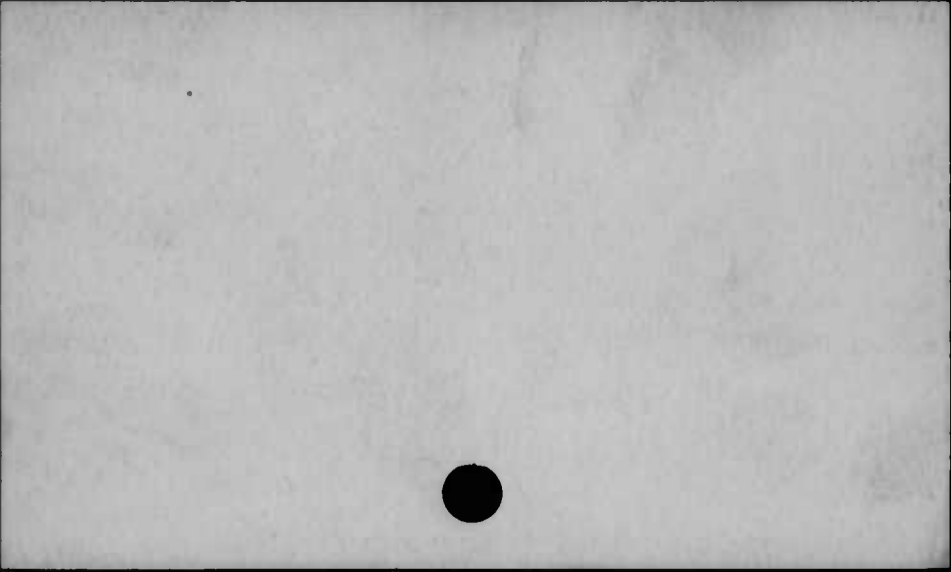
L. H. Jarrett

N. D.

Address

Towson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Ernest Monroe Akhurst

Died at ^{Town} Mt Washington, ^{County} Baltimore, MARYLAND

Date 1902 April 9 | Age 15. 10. 19 | Native of Maryland | Occupation Cotton Mill.

Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widower ☐ Divorced ☐ Number of children living ☐

Husband of _____

Wife

Father's Name Chas. Akhurst | Mother's Name Martha E. Stone

Maiden Name

Cause of Death { Primary Pulmonary Tuberculosis | How long sick 6 mos.

Death { Immediate of Asthenia | Accident, Suicide, Homicide

Reported by

Address

William L. Todd M.D. 27

Mt Washington Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

St Mary C
P S Mawhal

Drlikah Babson

Town

County

Died at

MARYLAND

Date 1902 April 6 Month Day Y. M. D. Age 55 Native of Balto Co Occupation Housewife
~~Male~~ White ~~Married~~ Widow ~~Divorced~~
 Female Colored Single Widower Number of children living 5

Husband of Irbalou Babson deceased
 Wife
 Father's Name Daniel Babson Mother's Maiden Name

Cause of Death { Primary Bright's Disease 120 How long sick 7 weeks
 Immediate Cardiac Hypertrophy. Accident, Suicide, Homicide

Reported by Surge S. E. Eshant M.D.
 Address Hamilton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Miss M. G.

F. L. #100

Name In Full

Certificate of Death

Bernard V. Barnett

Town

County

Died at

Cotonsville Alto

MARYLAND

1902 Month Day Y. M. D. Native of Occupation
 Date 189 Apr - 19 Age 15-11-20 Ind -
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living

Husband
of
WifeFather's
Name

Charles Barnett

Mother's
Name

Margaret Barnett

Cause of

Primary

Gastric Ulcer

How long sick

Death

Immediate

Asthma

Accident, Suicide, Homicide

Reported by

D. M. Stutzky M.D.

Address

Cotonsville Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Still Birth

Died at *Mount Carmel* *Batts* *MARYLAND*

Town County

Date 19 *04* *4* *3* *3* *—* *—* *—* *—*

Month Day Y. M. D. Native of Occupation

Male *White* *Married* *Widow* *Divorced*

Female *Colored* *Single* *Widower* Number of children living

Husband of

Wife

Father's Name *John Biemiller* Mother's Name *Mary Copper*

Cause of Death *Still Birth* *Primary* *Immediate* *How long sick*

Reported by *Mrs. Burkhardt*

Address *Boulton St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Masters Bond

Town

County

Died at

Date

1902

Month

Day

Y.

M.

D.

Native of

Occupation

MARYLAND

Phonix

Bald

Age

3-2-6

MO

Inspector

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's Name

Eugene Bond

Mother's Maiden Name

Carrie Lissa Enser

Cause of

Primary

Scrophularia Cachexia

How long sick

2 years

Death

Immediate

Bronchopneumonia

Accident, Suicide, Homicide

Reported by

Dr. W. H. Benson

Address

Coachville

Bald Co. MO

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



As Mary Brock.

Town

County

Died at

Mt Hope Retreat Balto

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4 12

Age *76*

Belgium

Religious

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Mania Chronic

How long sick

Death

Immediate

Pul. Congestion & Cardiac

Accident, Suicide, Homicide

Reported by

Debility

Frank J. Filanmery M.D.

Address

Mt Hope Retreat

Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Belongs to Ohio -

Gilbert Edward Brown

Town

County

Died at

*Guntsville**Baltimore Co.*

MARYLAND

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
<i>1902</i>	<i>April</i>	<i>4</i>	<i>14</i>	<i>7</i>	<i>25</i>	<i>Maryland</i>	
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower	Number of children living		

Husband
of

X

Father's

Name

John W. J. Brown

Mother's

Name

Susanna Brown

Cause of

Primary

Pulmonary Phthisis

How long sick

4 months

Death

Immediate

General failure & exhaustion

Accident, Suicide, Homicide

Reported by

Dr J. J. Benson

Address

Backersville Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Clay Sumner

Town

County

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

02 April 6

Age

73 yrs

Md

Farmer

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Hepatic Cancer

How long sick

6 months

Death

Immediate

and Bright's

~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Greenmount
Cemetery

F. L.

#99

Name in Full

Certificate of Death

A. G. H. Burnham

Died at ^{Town} Holbrook

County

Bullo

MARYLAND

Date 1902 Month 4 - Day 12 Age 80 - Y. 1 - M. 10 - D. 10 Native of Md - Occupation farmer

Male White Married Widow ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 0

Husband of Mary Burnham

Father's Name George Burnham Mother's Maiden Name Jamima Norris

Cause of Death { Primary Debility of Age - 154 How long sick 2 wks

Death { Immediate Weak heart - Accident, Suicide, Homicide

Reported by

Jno E. Rolfe MD

Address

Harrisonville, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George W. Burns

Town

County

Died at

MARYLAND

Spanows Point Baltimore

Date 1902 April 16 | Age 69 | Y. 3 | M. 15 | D. | Native of Maryland | Occupation Machinist

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 2

Husband of

Elizabeth Burns

Father's

Mother's

Name

Cause of

Primary

Death

Immediate

Maiden Name

Mary A. Crangle

How long sick

2 years

~~Accident, Suicide, Homicide~~

Reported by

W. R. Hodges M. D.

Address

Spanows Point Baltimore Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full *Joseph H. Cavy*
 Town *Grants* County *Baltimore*
 Died at *Grants* MARYLAND
 Date 19 *02* Month *apr* Day *17* Y. *2* M. *0* D. *Ind*
 Male *White* ~~Married~~ ~~Widow~~ ~~Divorced~~
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ of

~~Wife~~

Father's Name *Basil Cavy* Mother's Maiden Name *Maggie Redman*
 Cause of Death { Primary *Pneumonia Intercutaneous* How long sick *2 months*
 { Immediate *Exhaustion & Coma* ~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Alice Carr

Died at ^{Town} Canton ^{County} Baltimore MARYLAND

Date 1902 Month 4 Day 15 Age 75 Y. M. D. Native of Ireland Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single Widower Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of Death { Primary Cerebral Hemorrhage How long sick 10 days

Death { Immediate Paralysis Accident, Suicide, Homicide

Reported by G. L. Rusk M. D.

Address 2000 E. Balto. St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Isaiah Carrington

Died at ^{Town} *Chattanooga*^{County} *Baltimore*

MARYLAND

Date *1902* Month *4* Day *13* Age *56* Y. M. D. Native of *Md* Occupation *Waiter*

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

Number of children living *none*Husband of *Martha Carrington (nee) Bell*Wife of
Father's Name
Mother's NameCause of Death { Primary *Valvular heart trouble with Hypertrophy* How long sick *18 mos*Death { Immediate
Accident, Suicide, HomicideReported by *St Louis Taylor M.D.*
Address *Pikesville Md*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 79708



Name in Full

Certificate of Death

William P. Chambers

Died at ^{Town} Hospital for Consumption of ^{County} Md. Baltimore MARYLAND

Date 1892	Month 4	Day 15	Age 23 8/9	Y. M. D.	Native of	Occupation
Male	White	Married	Widow	Divorced		
Female	Colored	Single	Widower	Number of children living		

Husband of

Wife

Father's Name John Chambers

Mother's Name Mary Chambers

Cause of Death	Primary	Tuberculosis
	Immediate	

How long sick

Accident, Suicide, Homicide

Reported by

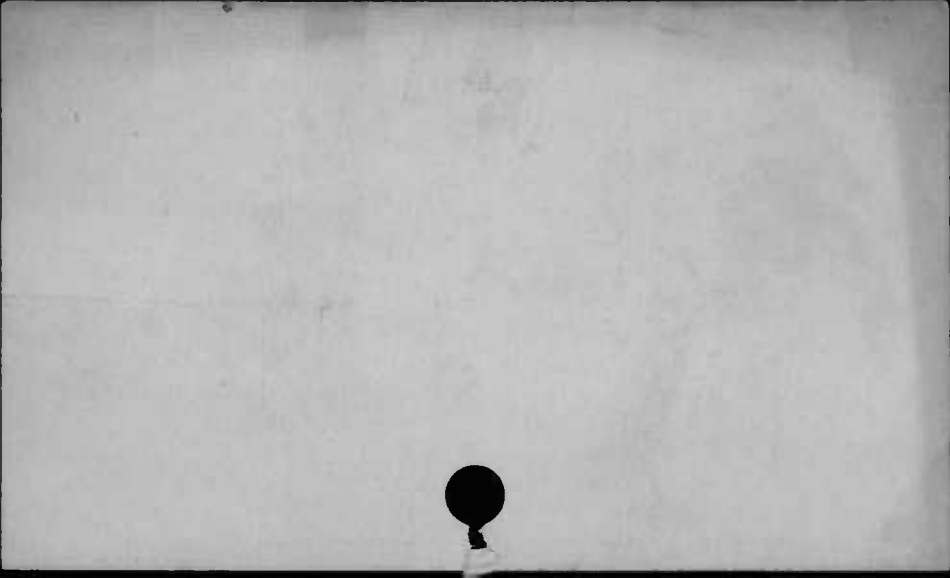
Frank R. Rice

Address

Linn. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Lizzie Christ

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

4

27

Age

31

Ind

House wife

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 3

Husband of

J. M. Christ

Wife

Father's

Mother's

Name

Maiden Name

J. Weber

M. Weber

Cause of

Primary

How long sick

1 week

Death

Immediate

Hemorrhage

Accident, Suicide, Homicide

Reported by

Frederick Cassahn

Address

Fullerton

Ind.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

J. L.

112

General Luth. Ch.
Gasterville

Name in Full

Certificate of Death

Lucretia Cooper
 Town County

MARYLAND

Died at

Frederick
 Month Day

Baty
 Y. M. D. Native of

Occupation

Date 1907

April 21
 Date

84
 Age

Ms
 Native of

Farmer
 Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Henary Cooper
 Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Old age 154
 Cause of

How long sick

Death

Immediate

Old age
 Death

Accident, Suicide, Homicide

Reported by

W. D. Cooper
 Reported by

Address

Manfred
 Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7989A



Name in Full

Certificate of Death

Joseph F. Toyer
 Died at Piscataway Bath County Bath

MARYLAND

Date 1902 Month 4 Day 20 Age 77 Y. M. D. Native of Md Occupation —
 Male White Married Widower Divorced —
~~Female~~ ~~Colored~~ ~~Single~~ Number of children living 1

Husband
of
Wife

Father's Name Mother's Maiden Name

Cause of Death { Primary Familial . 154 How long sick
 Immediate Exhaustion Accident, Suicide, Homicide

Reported by H. E. MyerAddress Piscataway Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Anne Curtis

Town

County

Died at

Sunnybrook

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Apr. 23

Age 54

Ind.

housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living 3

~~Husband~~
of

Wife

Father's

Name

Cause of

Primary

Cholera, Gastritis

Death

Immediate

gall stones

Mother's

Maiden Name

Margaret Beeler

How long sick

2 years

~~Accident, Suicide, Homicide~~

Reported by

Thos. H. Emory M.D.

Address

Heas

Hargood Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth Dailey

Town

County

Died at

Freeland

Bullo,

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 18

Age 84 4 18

Farmer

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

2

~~Husband~~ of

Jesse Dailey

Wife

Father's Name

Henry Mosmore

Mother's Name

Susanah Mosmore

Cause of

Primary

Pneumonia

Death

Immediate

Heart Failure

How long sick

3 weeks

~~Accident, Suicide, Homicide~~

Reported by

Dr. H. W. Lewis

Address

Freeland Pa. 93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at *Rosa D Eutz*
Town *Fullerton* County *Baltimore* *Pa* MARYLANDDate 189 *1902* Apr *22* Month *Apr* Day *22* Age *11* Y. *1* M. *11* D. *U.S.* Native of *U.S.* Occupation
Male ☒ Female ☐ White ☒ Colored ☐ Married ☒ Single ☐ Widow ☒ Widower ☐ Divorced ☐ Number of children living *2*Husband of
Wife
Father's Name *Henry D Eutz* Mother's Name *Amelia D Eutz*Cause of Death ☒ Primary *Mal-nutrition* How long sick *11 days*
☒ Immediate *Yes* *4* *Force* *med.* *151*
~~Accident, Suicide, Homicide~~Reported by *Geo J Force*
Address *Gardenville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

J. L. #104

St Peters Luth Ch

Name in Full

Certificate of Death

Kunigunda Elger-

619

Died at

Highlandtown

County

Bullo.

MARYLAND

Date 19

Apr 16

Age

73 6 13

Native of

Germany

Occupation

Male

Date 1902

Female

White

Colored

Married

Single

Widow

Number of children living

Two

Wife of

Adam Elger-

Father's

Name

Conrad Long

Mother's

Maiden Name

Barbara

Cause of

Primary

Chronic Interstitial Nephritis

How long sick

1 wk.

Death

Immediate

Cardiac Asthma

Accident, Suicide, Homicide

Pulmonary edema.

Reported by

Dr. Howard Lewis

Address

Bay View

Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

(Hannulund) Still born

Died at ^{Town} Ashland ^{County} Balto MARYLANDDate 1902 ^{Month} April ^{Day} 21 ^{Age} ^{Y.} ^{M.} ^{D.} ^{Native of} ^{Occupation} Mr~~Male~~ White ~~Married~~ ~~Widow~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~~~Husband~~ of

Wife

Father's Name Joseph Fredman Mother's Maiden Name Helen

Cause of ^{Primary} still born ^{How long sick}Death ^{Immediate} ^{Accident, Suicide, Homicide}

Reported by Dr J. B. Benson

Address Leachayville Balto

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Thomas Fisher

Town

County

Died at

MARYLAND

Date

Month / Day

Y.

M.

D.

Native of

Occupation

90 ~

April 29

Age

46

Md

Dealer in evergreens

Male

~~White~~

Married

~~Widow~~~~Divorced~~~~Female~~

Colored

~~Single~~

Widower

~~Number of children living~~

Husband

of

~~Wife~~

Father's

Name

Mother's

Name

Cause of

Primary

Softening of Brain

How long sick

About 8 months

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

Address

J. Garrey Wallemeyer M.D.
Alberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65069



Anna B. Fleming
 Town *Net Hope* County *Calvert*

Died at

MARYLAND

Date 19

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Rebecca J. Flemming

Town

County

Died at

Parkton

Bald

MARYLAND

Date 1902 Month 4 Day 14 Age 30 Y. 7 M. 7 D. 7 Native of Ind Occupation House wife
 Male ☒ White ☒ Married ☒ Widowed ☒ Divorced ☒
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living 3

Husband of John W. Flemming
 Wife of John W. Flemming
 Father's Name Wm F. Burroughs Mother's Name Mary J. Burroughs

Cause of Death { Primary Child Birth Immediate Peritonitis 137
 How long sick 7 days
 Accident, Suicide, Homicide ☒

Reported by

B. B. Morris

Address

Parkton Ind -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU: 78708



Name in Full

Certificate of Death

Patience Giller

Town

County

MARYLAND

Died at

Mt. Hope

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

2

Apr 25

Age

66

Ireland

Stone, rubber

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Senile Degeneration

154

How long sick

Some time

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

Reported by

Charles G. Hill

Address

Mt. Hope Rev.

Hill

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Emma F. Gorsuch

Town

County

Died at Baldwin

Baltimore

MARYLAND

Date 1902 April 11 | Age 30 | Y. M. D. | Native of Md. | Occupation Housewife
 Male | White | Married | Widow | Divorced |
 Female | Colored | Single | Widower | Number of children living none

Husband of
 Wife of Benj. Gorsuch

Father's Name George Morgan | Mother's Maiden Name Catherine Krieger

Cause of Death { Primary Apoplexy | Immediate Paralysis of the brain | How long sick 10x | Accident, Suicide, Homicide

Reported by J. F. H. Gorsuch M.D.

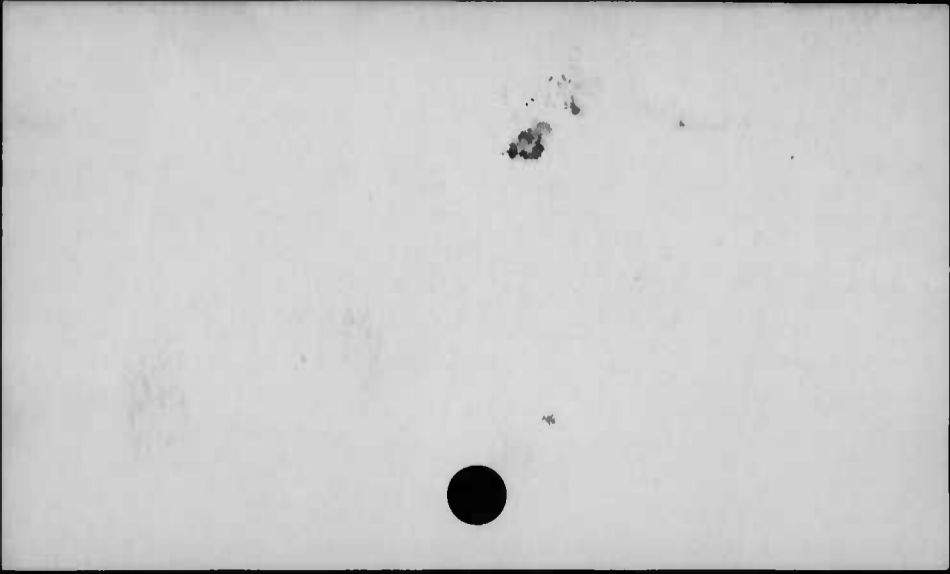
Address Fort L Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Died at		Town Widow's		County Baltimore		MARYLAND	
Date		Month	Day	Y.	M.	D.	Native of
1902		4	4			2	Maryland
Male		White		Married		Widow	
Female		Colored		Single		Widower	
Husband of						Number of children living	
Wife						151	
Father's Name		August Gross		Mother's Name		Ernestine Gross	
Cause of		—		Natural Cause		How long sick	
Death		Immediate				Accident Suicide Homicide	
Reported by		Thomas Maynor					
Address		Pikesville Md					

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Margaret F. Harris

Town

County

Died at

MARYLAND

Date 1902 4 2 Month Day Age 59 Y. M. D. Native of Pennsylvania
 Male White Married Widowed Divorced
 Female Colored Single Widower Number of children living 2

Husband
of

Wife
Father's
Name

William Harris
Moses Lockhart Mother's Name Eliza Lockhart

Cause of Death { Primary Immediate Apoplexy How long sick 3 days
 Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79708



Name In Full

Certificate of Death

Alexander Herald

Died at

Highland Balto

MARYLAND

Date 19

02

Male

~~Female~~

Husband of

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

66

Married

Widow

Divorced

Widower

Number of children living

Mother's

Maiden Name

Primary

Immediate

How long sick

Accident, ~~Suicide~~, Homicide

John Hevern Coroner

Eastern ave est



Name In Full

Certificate of Death

George A Hill

145

Town

County

Died at

MARYLAND

Date 1902 Month 4 Day 12 Age 54 Y. M. D. 1 Native of Md Occupation Laborer
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living 4

Husband of Catherine E. Hill
 Wife

Father's Name Amos Hill Mother's Maiden Name Catherine E. Redour

Cause of Death { Primary Consumption
 Immediate Exhaustion

How long sick

15 mos

Accident, Suicide, Homicide

Reported by

J. B. Hall

Address

Mt Minors

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Albert Illian

620

Died at Highlandtown Baltimore MARYLAND

Date 1902 4 30 Age 1 Y. M. D. Native of Md Occupation Non

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Fred E. Illian Mother's Name Kate Novak

Cause of Death Primary Pneumonia & Convulsions

How long sick about 1 week

Accident, Suicide, Homicide

Reported by

Address

E W Jarmey M D

304 Banks & E W D

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79698

Mount Carmel Cem.,
Germanus Franc
Unobtainable

Ardella Regolda Johnson

Town

County

Died at

Reisterstown

Baltimore

MARYLAND

Date 189

1902

Month

4

Day

2

Y.

22

M.

6

D.

18

Native of

Md

Occupation

Cook

Date 189

~~Male~~~~White~~~~Married~~~~Widow~~~~Divorced~~

Female

Colored

Single

~~Widower~~~~Number of children living~~

Husband

of

Wife

Father's

Name

Wm Johnson

Mother's

Name

Annie Woller

Cause of

Primary

Pneumonia Tuberculosis

How long sick

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

H. M. Zade

Address

Reisterstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Date

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Town

County

Month

Day

Y.

M.

D.

Native of

Occupation

Age

Married

Widow

Divorced

Colored

Single

Widower

Number of children living

of

Mother's

Name

Primary

Immediate

How long sick

Accident, Suicide, Homicide

LIBRARY BUREAU, 78888



Name
in
Full

Once Great

CERTIFICATE OF DEATH

MARYLAND

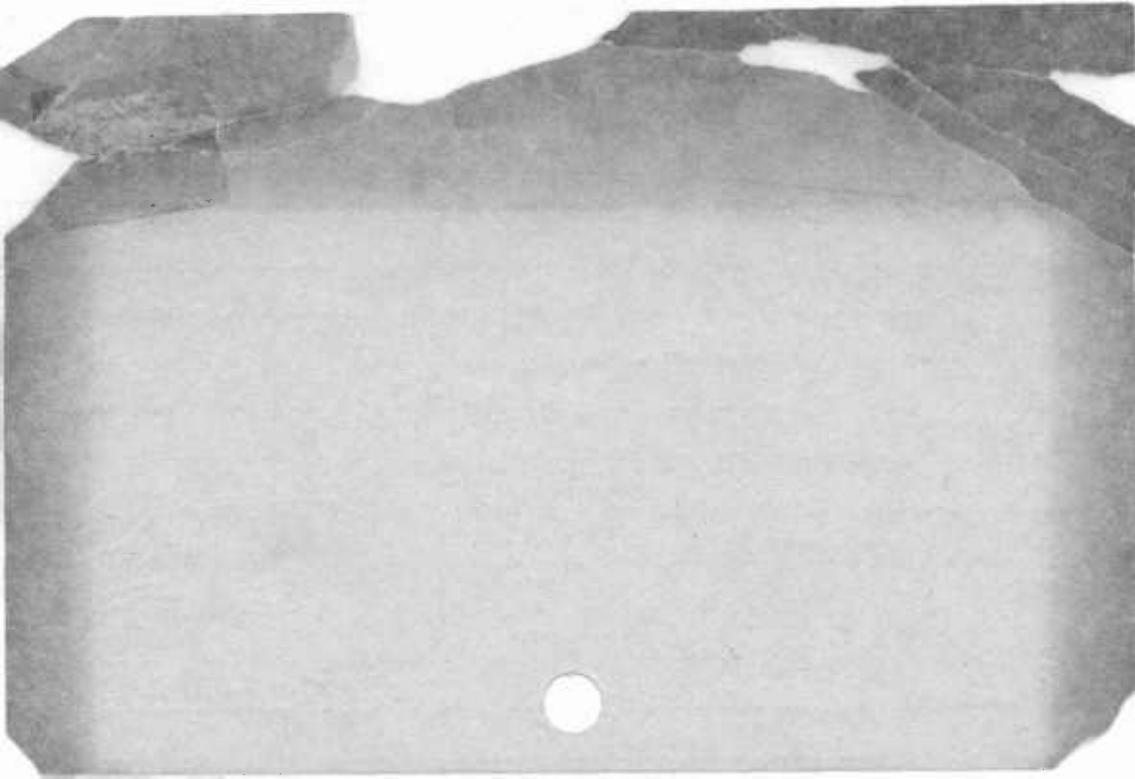
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lebanworth</i> ^{Town}		<i>Lebanworth</i> ^{County}	
Date of death 190 <i>2</i>	Month <i>April</i>	Day <i>24</i>	Age <i>23</i> Years
Sex <i>Male</i>		Color or Race <i>Cleved</i>	Birth-place <i>Ind</i>
Married, Single or Widowed <i>Single</i>		Occupation <i>Farmer</i>	
Name of Wife or Husband <i>X</i>			
Father's Name <i>X</i>		Father's Birthplace <i>X</i>	
Mother's Maiden Name <i>X</i>		Mother's Birthplace <i>X</i>	
Name of person giving information		How related to deceased <i>X</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	How long <i>Life</i>
Immediate <i>Lobar Pneumonia</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Kuder</i>
	Address <i>Lebanworth, Md</i>
Accident or Suicide? <i>No</i>	



Name In Full

613 Certificate of Death

Kulber, Theresa Theresa Kulber

Town

County

Died at

MARYLAND

Date *Apr 5* Month *Apr* Day *5* Y. *67* M. *67* D. *67* Native of *Germany* Occupation *Housewife*

☒ Male ☐ Female ☐ White ☒ Colored ☐ Married ☒ Widower ☐ Single ☐ Number of children living *several*

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Melancholia

How long sick

1 week

Death

Immediate

Bronch - Pneumonia~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Trinity Co

Thomas Keenan

Town

County

Died at St Agnes' Sanitarium Baltimore MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902. April - 10 Age 34. - - - America Clerk

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of	Primary	Pulmonary Tuberculosis	How long sick	6 mths
	Death	Immediate	Hemorrhage & Exhaustion	Accident, Suicide, Homicide

Reported by

Address

J. W. Keown md
738 Linden Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dr. Metzfeld.

Name in Full

Certificate of Death

Annie D Kelley

Town

County

Died at

Pittsboro

Bath

MARYLAND

Date 1902 April 9

Month

Day

Y.

M.

D.

Native of

Occupation

Age

77 --

Ireland

Female

White

~~Colored~~

Single

Widow

~~Widow~~

Number of children living

3

Wife

Father's

Name

Mother's

Maiden Name

Peter D Kelley
Thor Carr Ellen Carr

Cause of

Primary

Heart Disease

How long sick

Death

Immediate

Heart Disease

Accident, Suicide, Homicide

Reported by

L. F. H. Gorman M.D.

Address

Fort 2 Md-

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70809



Name In Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's
Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Dorothy Kennedy

Town
WashingtonCounty
Baltimore

MARYLAND

Month
Day
02 April 25Y.
M.
D.
Age 12. 9-13Native of
DelawareOccupation
School~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~

of

W. J. Kennedy (decd.)

Mother's
Maiden Name

Rose Evans

Primary

Immediate

Typhoid & Pneumonia
Asthenia

How long sick

Five weeks

~~Accident, Suicide, Homicide~~

William L. Todd M.D.

Washington Md



Name in Full

Certificate of Death

Thomas Killen

Town

County

Died at

MARYLAND

Date

Month

Day

Y.

M.

D.

Native of

Occupation

1902

Apr. 11th

Age

61 yr

Ireland

Contractor

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

6

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary -

Cerebral Hemorrhage

How long sick

5 days

Death

Immediate

Respiratory failure

Accident, Suicide, Homicide

Reported by

Lewis H. Sundry M.D.

Address

Wilmington

Baltimore Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968



Name in Full

Gemima King

Town

County

MARYLAND

Died at

Sunnybrook

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 *02*

April 28

Age *81-3-13*

Penn

Housewife

~~Male~~

White

Married

~~Widow~~~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~Number of children living *Eight*

Husband of

Isaac King

Wife

Thos. Piersol

Mother's

Unknown

Cause of

Primary

Heart disease

How long sick

3 months

Death

Immediate

" "

Accident, ~~Suicide~~, ~~Homicide~~

79

Reported by

Dr. J. W. St. John

Address

Sitting Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Frank Koapil

622

Town

County

MARYLAND

Died at

Canton

Balto.

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02 April 20

Age

42

—

Bohemian

Laborer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widow

Number of children living

Husband

of

Elizabeth Koapil

Wife

Father's

Name

don't know

Mother's

Maiden Name

don't know

Cause of

Primary

Pleuro Pneumonia

How long sick

one week

Death

Immediate

Cancer

Accident, Suicide, Homicide

Reported by

H. W. Schuchert

M-4

Address

1073 Canton St.

93

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

I
Frank Crack,
Holy Redeemer Church.

Name in Full

Certificate of Death

Chas Kolhepp

Town

County

Died at

Highlandtown

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4, 3.

Age

38 - -

md

Restaurant Keeper

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

5,

Husband of

Wife

Father's

Name

Susan Kolhepp

Mother's

Maidan Name

Cause of

Primary

Chronic Interstitial Nephritis

How long sick

1 year -

Death

Immediate

Paralysis of heart

~~Accident, Suicide, Homicide~~

Reported by

J. C. Schafner M.D.

Address

1400 First at Highlandtown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72508



Catherine Krieter
 Town County

Died at Baltimore Baltimore MARYLAND

Date 1902 April 23 Age 28-5-23 Baltimore Housewife
 Male White Married Widow Divorced
 Female Colored Single Widower Number of children living One

Husband of Charles C. Krieter
 Wife
 Father's Name Jacob George Mother's Name Catherine Krieter

Cause of Death { Primary Tuberculosis 2 } How long sick 8 months
 { Immediate Tubercular Pneumonia } Accident, Suicide, Homicide

Reported by Francis A. Calhoun, M.D.
 Address 521 Hanover St. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr.

of

Seen by Coroner

of

Information contained in this certificate received

from

of



Name in Full

Certificate of Death

Frank Kummer

Town

County

MARYLAND

Died at

Parkville

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 Apr. 8

Age 70

Emery Shoemaker

Male

White

~~Married~~~~Widow~~~~Divorced~~~~Female~~~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Exposure & Old Age

How long sick

1 Day

Death

Immediate

~~Accident, Suicide, Homicide~~

Reported by

Charles Brockmeyer - Coroner

Address

154
Fullerton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

20 101



Name in Full

Certificate of Death

Unnamed Infant

MARYLAND

Died at *W. Nelson* Town *Ches* County
 Date 1902 *4* Month *6* Day Age *35* Y. M. D. Native of *Ind* Occupation *—*
 Male ~~Female~~ ~~White~~ ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of

Wife

Father's Name *Borden Lingo* Mother's Maiden Name *Fannie Eosher*

Cause of Death { Primary Immediate

How long sick

2 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

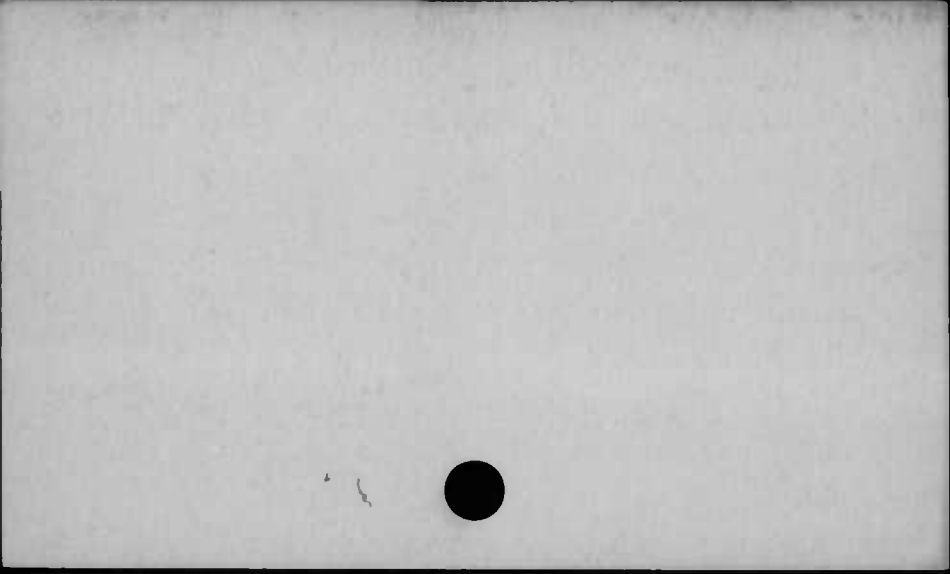


Name in Full *Bender Livers*
 Town *Wilton* County *Waldo*
 Died at *Wilton* Month *April* Day *1902* Y. *43* M. *Widow* D. *Widow* Native of *M.C.* Occupation *Day Laborer*
 Date 1902 *April* Age *43* Married *Widow* Divorced *Widow* Number of children living *Four*
 Male *White* Female *Colored* Single *Widow*

Husband of *Mary F. Livers*
 With *Mary F. Livers*
 Father's Name *Royal Livers* Mother's Name *Maria Jackson*
 Cause of Death { Primary *Heart Disease* How long sick *Not known*
 Immediate *79* Accident, Suicide, Homicide

Reported by *H. E. Hyn*
 Address *Wilton*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Elizabeth H. L. Loechel

Died at ^{Town} White Hall ^{County} Baltimore MARYLANDDate ¹⁹⁶² April 16th Age 15, 6, 18 Native of Md Occupation School -
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
Female Colored Single Widower Number of children living~~Husband~~
Wife ~~not~~

Father's Name Conrad Loechel Mother's Name Christina Loechel

Cause of Death { Primary Severe Cold 27 How long sick
Immediate Phthisis Pulmonalis Accident, Suicide, HomicideReported by Dr. Silas W. Hunter
Address Parkton Balto Co MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70705



Name in Full

Certificate of Death

Wallace L. Lurill

Died at *Hospital of Annapolis at Loring Hall Co* MARYLANDTown *Annapolis* County *Loring Hall Co*Date 1902 *11* Month *11* Day *23* Y. *55* M. *6* D. *-* Native of *Massachusetts* Occupation *Comm. Clerk*Male ☒ Female ☐ White ☒ Colored ☐ Married ☐ Single ☒ Widowed ☐ Divorced ☐ Number of children living *8*Husband of *Mary E. Lurill*Wife *Mary E. Lurill*Father's Name *Alvin Lurill* Mother's Name *Mary E. Lurill*Cause of Death { Primary *Tuberculosis* Immediate *Fracture of Rib* } How long sick *3 months*

Accident, Suicide, Homicide

Reported by *Frank R. Rich*Address *Loring Hall*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Died at

Town

County

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

April 3

Age 50

Housewife

Female

White

~~Married~~

Widow

~~Divorced~~~~Colored~~

Single

~~Widower~~

Number of children living None

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Death

Immediate

How long sick

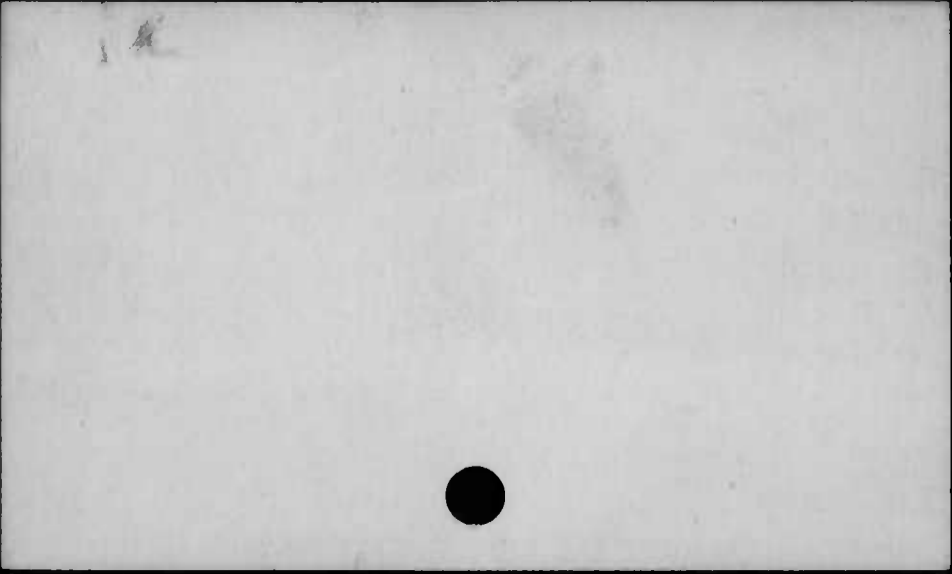
~~Accident, Suicide, Homicide~~

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Name in Full

Certificate of Death

Mrs Ellen Mellor

Died at ^{Town} Oella ^{County} Baltimore MARYLAND

Date	1903	Apr	21	Age	79	Y.	M.	D.	Native of	Occupation
Male				White					Married	
Female				Colored					Widow	
									Divorced	
									Widower	
										Number of children living

Husband of John Mellor
Wife
Father's Name James Carr

Mother's Name 54

Cause of Death	Primary	<u>Acute Bright's Disease</u>	How long sick	<u>6 months</u>
	Immediate	<u>Cardiac asthenia</u>	Accident, Suicide, Homicide	

Reported by J. C. Monnomier M.D.
Address Brickville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Henry Miller

Town

County

Died at

Date 189

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Highland Balto

MARYLAND

1902 Month 4 Day 12 Y. 64 M. 9 D. - Native of Germany Occupation Butcher

White Married Widow Divorced

Female Colored Single Widdwer Number of children living

of

Elizabeth Miller 1920

Mother's

Name

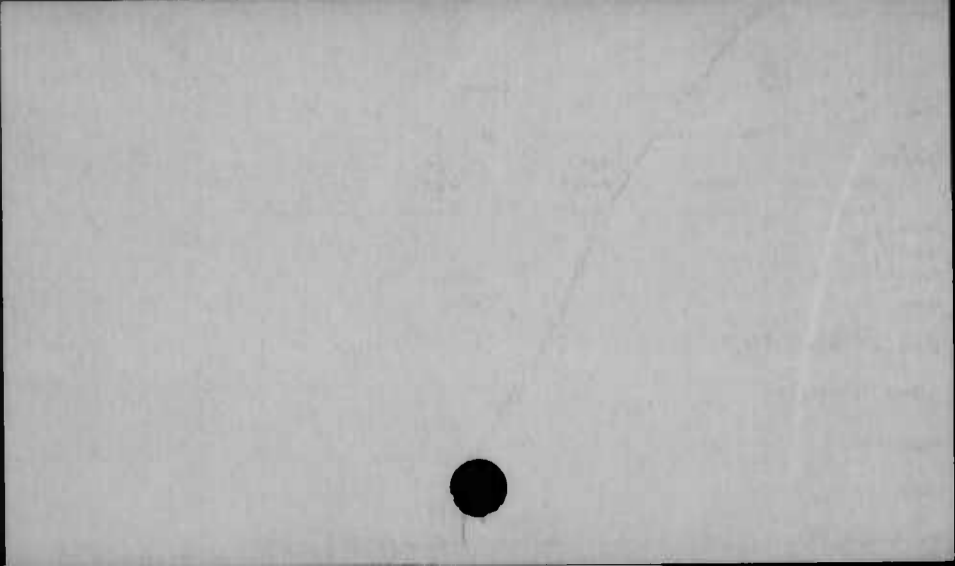
Primary

Immediate

How long sick

Accident, Suicide, Homicide

Bright-disease of kidney one year
ExhaustionJ. S. Warner
1120 Highland Ave



Name in Full

Certificate of Death

Geo H Moeller

144

Town

County

Died at

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 4

Age

64 16

Germany

Dry Packer

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living 8

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Immediate

Death

How long sick

7 days

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lewis Murray

Town

County

Died at

Sunnybrook

Baltimore

MARYLAND

Date 1902 April 2 | Age 62 - - | Native of Penn. | Occupation Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | Widower ~~Widow~~ | Divorced ~~Number of children living~~

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Heart disease

How long sick

3 years,

Death

Immediate

Heart failure

~~Accident, Suicide, Homicide~~

Reported by

Thos. H. Emory Jr., D.

Address

Heads

Harford Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Infant*
 Died at *West Arlington* Town *md* County *MD* MARYLAND
 Date 19 *02* Month *April* Day *17* Y. *3* M. *hrs* D. *md* Native of *md* Occupation *—*
 Male *White* Married *Widow* Divorced *—*
~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living *—*
 Husband of *—*
 Wife *—*
 Father's Name *T. Howard VanOrde* Mother's Maiden Name *Grace P. Brown*
 Cause of Death { Primary *Transition* Immediate *—* How long sick *151*
 Accident, Suicide, Homicide *—*
 Reported by *C. N. Gabriel m.d.*
 Address *222 E. 23rd St Baltimore*
 Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Matthie G. Nash

Town

Trenton

County

Baltimore

MARYLAND

Died at

Date 1902 *4* *8* Month Day Age *34* *9* *22* Y. M. D. Native of *md* Occupation *housewife*
 Male White Married Widow ~~Divorced~~
 Female Colored Single Widower Number of children living *5*

Husband of

Geo. A. Nash

Wife

Father's

Name

Richd H. Gill

Mother's

Maiden Name

Margaret Richards

Cause of

Primary

How long sick

4 weeks

Death

Immediate

Typhoid Fever

~~Accident, Suicide, Homicide~~

Reported by

Josh Williams M D

Address

Fowblebury Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Armanda Bell Nolan

Town

County

Died at

MARYLAND

St Agnes Sanitarium

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April 30

Age 30

Prigina

Sister of Charity

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Tuberculosis

How long sick

1 year

Death

Immediate

Exhaustion

~~Accident, Suicide, Homicide~~

Reported by

J. H. Keown, Jr., M.D.

Address

1938 Linden ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



James Howell

Town

County

Died at. St Agnes Sanitarium Baltimore MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902 April 9th Age 74 - - - England Insurance Agt.

Male

White

Married

~~Widow~~~~Divorced~~

Female

Colored

Single

Widower

Number of children living

Husband of

Wife Nettie Howell.

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Arthritis Deformans.

How long sick

4 yrs

Death

Immediate

Exhaustion -

Accident, Suicide, Homicide

Reported by

J. W. Brown M.D.

Address

1935 Linden Av.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

William Ocker

Town

County

Died at Mt Hope Retreat Balto

MARYLAND

Date 1902	Month 4	Day 13	Age 52	Y. -	M. -	D. -	Native of Baltimore	Occupation Woodworker
Male	White	Married	Widow	Divorced				
Female	Colored	Single	Widower	Number of children living				

Husband of

Wife

Father's

Name

Mother's

Maiden Name

Cause of Primary Locomotor ataxia -

How long sick

Death Immediate Exhaustion -

Accident, Suicide, Homicide

Reported by Frank J. Flannery M.D.

Address Mt Hope Retreat Balto Co -

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79895



Name in Full

Certificate of Death

Infant

Died at ^{Town} Rayville ^{County} Balt

MARYLAND

Date 1902 ^{Month} 4 ^{Day} 29 ^{Y.} ^{M.} ^{D.} ^{Native of} Md ^{Occupation} Infant
~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~
 Female ~~Colored~~ Single ~~Widow~~ Number of children living —

Husband

of

Father's Name Clarence W. Openshaw Mother's Name Mary Matthews

Cause of Death { Primary asphyxia Immediate ^{How long sick} 151 Sudden
 Accident, Suicide, Homicide

Reported by

Address

R. R. Morris M.D.
 Parkton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Still Birth.

621

Died at ^{Town} *Canton* ^{County} *Balt*

MARYLAND

Date *1902* Month *4* Day *19* Y. M. D. Native of *Ind* Occupation *None*~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of

Father's

Name

Frank Pikalek

Mother's

Name

Anna Pikalek

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

H.W. Jones Jr. S

Address

3118 O'Sonnell St.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Sacred Heart Cemetery

Germanus Franca

Under the

Name in Full

Certificate of Death

Daniel Rafferty
 Died at *Clive*, *Baltimore* County, *MARYLAND*

Date *1902* Month *4* Day *16* Y. M. D. *75* - - Native of *Ireland* Occupation *Carver*
 Male ☒ White ☒ Married ☒ Widower ☒ Divorced ☒
 Female ☒ Colored ☒ Single ☒ Number of children living *79*

Husband of _____
 Wife _____

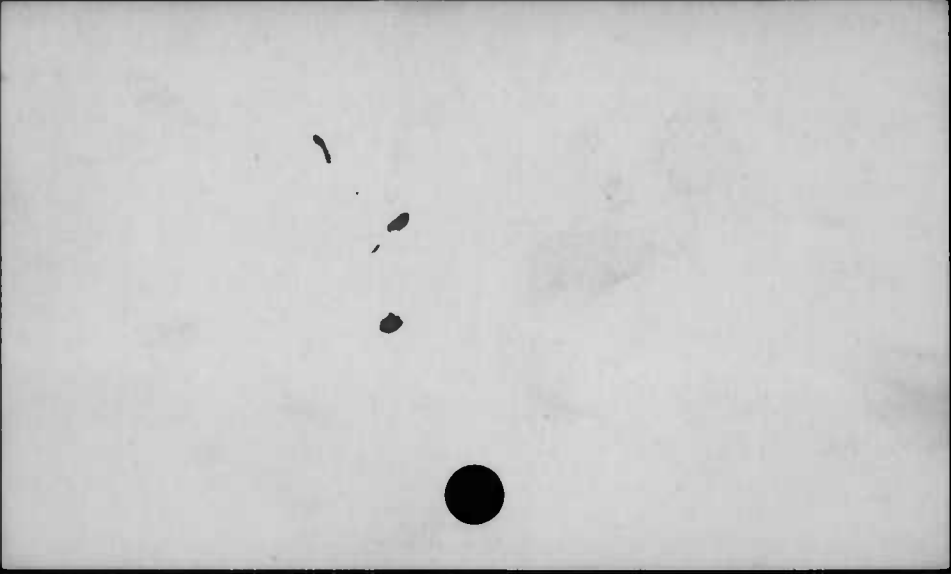
Father's Name _____

Mother's Name _____

Cause of Death { Primary *Valvular Dis. of Heart* How long sick *3 Mos.*
 Immediate *Cardiac Exhaustion* Accident, Suicide, Homicide

Reported by *Frank J. Flannery M.D.*
 Address *Mouth Hope* *Patuxent* *Balto Co, Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Mary Ann Russies*

Died at *White Hall* ^{Town} *Baltimore* ^{County} *MARYLAND*

Date *1902* ^{Month} *April* ^{Day} *11* | Age *66* ^{Y.} *8* ^{M.} *13* ^{D.} | Native of *Pa.* | Occupation *Housewife*

~~Male~~ ^{White} *White* | ~~Married~~ ^{Married} *Single* | ~~Widow~~ ^{Widow} *Widow* | ~~Divorced~~ ^{Divorced} *Widow*

~~Female~~ ^{Female} *Female* | ~~Colored~~ ^{Colored} *White* | ~~Single~~ ^{Single} *Single* | ~~Widow~~ ^{Widow} *Widow* | Number of children living *6*

~~Household~~ ^{Household} of *William Wesley Russies*

Wife *William Wesley Russies*

Father's Name *Saml. Through* | Mother's Name *Catherine Schrist*

Cause of Death { Primary *Erysipelas* | How long sick *5 weeks*

Death { Immediate *Mitral regurgitation* | ~~Accident, Suicide, Homicide~~

Reported by *W. Millard Stirling M.D.,*

Address *Shawney Md.*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name In Full

Certificate of Death

Died at

Date

Male

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Schroeder, Otto

Town

County

Leaksville

Baltimore

MARYLAND

Month Day

April 3

Y. M. D.

Age 45

Native of

Md

Occupation

Infectioner.

Married

Widow

Died

Number of children living

1

of

Emma Marner

Lewis Schroeder

Mother's

Name

Frederick Schroeder

Primary

General Paresis

How long sick

7 days

Immediate

Cerebral Hemorrhage

Accident, Suicide, Homicide

Rory Wade

Leaksville Md.



Name
in
Full

Louis Schaub

CERTIFICATE OF DEATH

Died at *Gardenville* ^{Town}*Baltimore* County

MARYLAND

Date of death *1902* ^{Month} *4* ^{Day} *26*Age *63* ^{Years}*9* ^{Months}*22* ^{Days}Sex *Male*Color or
Race*White*Birth-
place*Europe*

Occupation

*Farmer*Where Residing if not
at place of death*Gardenville*Married, Single
~~or Widowed~~Name of Wife or
Husband*Unknown*Father's
Name*Unknown*Father's
Birthplace*Europe*Mother's
Maiden Name*Unknown*Mother's
Birthplace*"*Name of person giving
information*L E Schaub*How related
to deceased*Son*

CAUSES OF DEATH

Primary

Unknown

How long

Immediate

Unknown

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

W. J. White
Health Officer - Dist
Balt Co

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

John Brown

1852

Name in Full

Certificate of Death

John Sheave
Town County

Died at *Lea Haven Balli* *60* MARYLAND
Month Day Y. M. D. Native of Occupation

Date 189 *1902* April 6 Age *72.6* *Maryland* *Labourer*

Male White Married Widow ~~Divorced~~
Female Colored Single Widower Number of children living

Husband of *Rachel Sheave*
Wife

Father's Name *Unknown* Mother's Name *Unknown*

Cause of Death { Primary *Chronic Bronchitis* How long sick *1901-1902*
Immediate *Pneumonia* *From too long*
Accident, Suicide, Homicide

Reported by *D. E. Benson*

Address *Brooksville*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Phoebe Lusana Shipley

Town

County

Died at

Baltimore

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 23

Age 37-8 27

Md

Artist

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widow~~

Number of children living

Husband

of

Wife

Father's

Name

Larkin Shipley

Mother's

Name

Henrietta Shipley

Cause of

Primary

How long sick

3 days

Death

Immediate

Heart Trouble

Accident, Suicide, Homicide

Reported by

J. P. Maltby & Son

Address

Winfield

Carroll Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70708



Julia Chorb

Town

County

Died at

St Agnes' Santanin

Baltimore

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April

7

Age

64

Maryland

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Cerebral Hemorrhage

How long sick

3 months

Death

Immediate

Prog. paralysis

Accident, Suicide, Homicide

Reported by

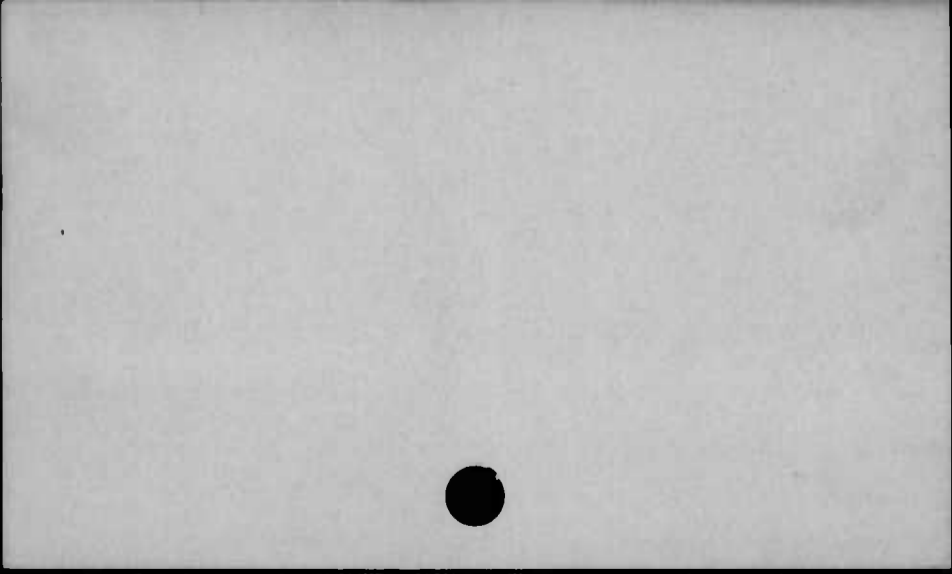
J. W. Townsend

Address

1938 Linden Av

Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

James H. Smith Jr
 Died at ^{Town} Brown ^{County} Baltimore

MARYLAND

Date 1902 ^{Month} 4 ^{Day} 28 ^{Y.} 26 ^{M.} 6 ^{D.} - ^{Native of} Ind ^{Occupation} Laborer
 Male ~~White~~ Married ~~Widow~~ Divorced ~~Female~~ Colored Single ~~Widower~~ Number of children living none

Husband of Bessie Smith 160
 Wife
 Father's Name James H. Smith Jr Mother's Name Adele Smith

Cause of Death { Primary Suicide Suicide
 Immediate by severing all the veins
 How long sick
 Accident, Suicide, Homicide

Reported by J. H. Smith Frank R. Rich
 Address Brown Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Amie Spigle
~~Mr. Leonard Spigle~~

Town *Tullington* County *Madison*

MARYLAND

Died at *Tullington* Month *April* Day *17* Y. *36* M. *-* D. *-* Native of *Ind* Occupation *-*

Date 19*02* *April* *17* Age *36* - *Ind*
Male White Married Widow Divorced
Female Colored Single Widower Number of children living *8*

~~Husband~~ of *Leonard Spigle*
Wife

Father's Name *Henry Frobiter* Mother's Maiden Name *179*

Cause of Death { Primary *Heart failure* Immediate *Heart failure* } How long sick *2 days*
~~Accident, Suicide, Homicide~~

Reported by *C. V. Mac* M.D.
Address *Proserie* *Ind*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Ent St Josephs
R. C. Church
Belair Rd

Geo W. Gramm
undertaker

Name in Full

Certificate of Death

Died at

Date 19

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Joseph Spiegel
 Town Putty Hill County Balto -

Month Day Year D. Native of Occupation
 Apr. 20 5 Md
 Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of
 Wife

Father's Name Leonard Spiegel

Mother's Maiden Name Annie Frobitter

Cause of Death { Primary Immediate Spasms
 How long sick 1 hour
 Accident, Suicide, Homicide

Reported by Mary Chetelat - G. H. Grammer, Undertaker
 Address Fullerton, Md.



Name in Full

Certificate of Death

Margaret Swardly

Town

County

Died at

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4

13

Age

20

2.13

America

Housewife

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Baltimore MARYLAND

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Death

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898



Mrs. Emma Stokes

Town

County

MARYLAND

Died at *Gorantown*

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

Apr 16

Age 69

Maryland

~~Male~~

White

Married

Widow

~~Divorced~~

Female

~~Colored~~

Single

Widower

Number of children living

4

Husband

of

Wife *Rev. Geo. C. Stokes*

Father's

Name

Mother's

Name

Cause of

Primary

Pneumonia

Death

Immediate

Heart

93

How long sick

5 days.

Accident, Suicide, Homicide-

Reported by

Dr. E. M. Duncan

Address

Gorantown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary G. Swisher

Town

County

Died at

Spencer Point.

Bullo.

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

Aug. 25th

Age

30

Ind

None

~~Male~~

White

~~Married~~~~Widow~~~~Divorced~~

Female

~~Colored~~

Single

~~Widower~~~~Number of children living~~Husband
of
Wife

Father's

Name

Mother's

Maiden Name

Mary G. Smith.

Cause of

Primary

Epistaxis

How long sick

3 days

Death

Immediate

Exhaustion.

~~Accident, Suicide, Homicide~~

Reported by

Frank C. Eldred M.D.

Address

Spencer Point

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Mildred M. Thomas

624

Died at

Highland

County

Baltimore

MARYLAND

Date 1902

Month

Day

Y.

M.

D.

Native of

Occupation

4 23

Age

— 3 —

Md

—

~~Male~~

White

~~Married~~~~Widow~~~~Sworn~~

Female

~~Colored~~

Single

~~Widower~~

Number of children living

Husband
of
WifeFather's
Name

Joseph Thomas

Mother's

Maiden Name

Clara Seiff

Cause of

Primary

Indigestion

How long sick

2 days

Death

Immediate

Convulsion

~~Accident, Suicide, Homicide~~

Reported by

J E Schofield Jr

Address

1400 Farm at Highland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Raimund Thomas

Town

County

Died at

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19

02

Apr 22

Age

48

W. Va

City office

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

3

Husband

of

Wife

Father's

Name

Mother's

Maiden Name

Cause of

Primary

Melancholia

Death

Immediate

Exhaustion

How long sick

Four months

Accident, Suicide, Homicide

Reported by

Charles H. Hite

Address

Falmington Ave

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79884



Name in Full

Certificate of Death

Infant Turnbaugh
 Died at ^{Town} Glenn Harris ^{County} Baltimore

MARYLAND

Date 189 12 ^{Month} 4 ^{Day} 5 ^{Y.} 1 ^{M.} 1 ^{D.} 1 ^{Native of} ^{Occupation}

Male White Married Widow Divorced
~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband
 of
 Wife

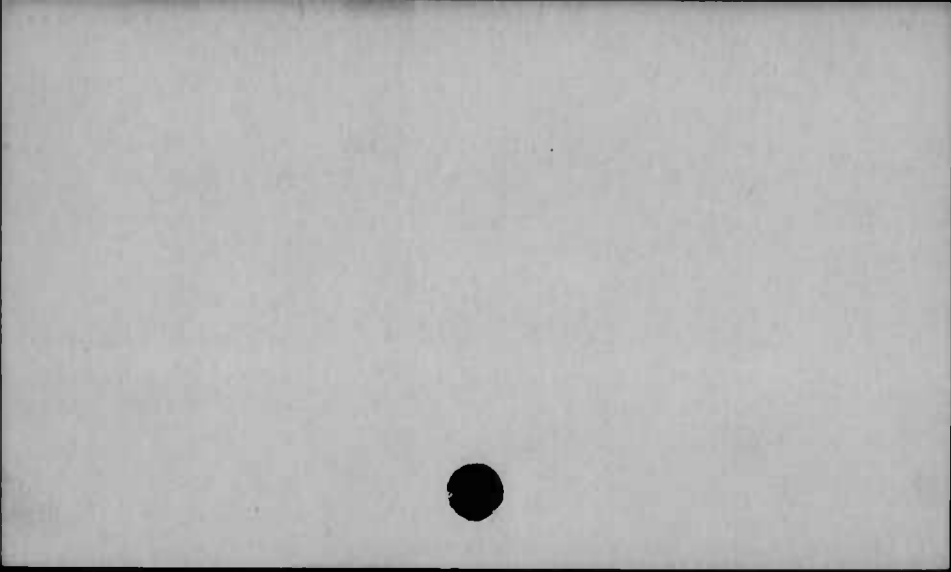
Father's Name Lewis Turnbaugh Mother's Name Martha E. Turnbaugh

Cause of Death { Primary Still Born
 Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by L. Rowland
 Address Hyndman

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65668



Name Unknown

Died at ^{Town} Bentley Springs^{County} Baltimore

MARYLAND

Date ~~1902~~ 1902 4 25

Age 65 or 70 about dont know Gramp

Male

White

Married

Widow

Divorced

Number of children living

~~Female~~~~Colored~~

Single

Widower

dont know for all these

Husband of dont know

dont know

Father's

Mother's

Name

Name

Cause of Primary Drowned

How long sick

not at all

Death Immediate Drowned

Accident, Suicide, Homicide

Reported by

Edwin C. Hawkins J. P.

Address

Parkton Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Charles R Watts Baltimore Md.

Died at Sheppard & Enoch Pratt Hosp. Townson MARYLAND

Month Day Y. M. D. Native of Occupation
 Date 1902 Apr 6 Age 26 . . Md Clerk
 Mala White Married Widower Number of children living
 Single

Husband of

Wife

Father's Name

Mother's Name

Cause of

Primary

Phthisis Pulmonalis

Death

Immediate

Exhaustion

How long sick

4 Yrs +

Accident, Suicide, Homicide

Reported by

Address

Sheppard & Enoch Pratt Hosp. Townson

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full *Rosa Wheatly*
 Died at *Rosedale* Town *Baltimore* County *MARYLAND*
 Date 19 *04* Month *4* Day *23* Age *2* Y. M. D. Native of *Baltimore* Occupation
 Male ☒ White ☒ Married ☐ Widowed ☐ Divorced
 Female ☐ Colored ☐ Single ☐ Widower ☐ Number of children living

Husband of *James Wheatly*
 Wife
 Father's Name
 Mother's Name
 Maiden Name *Mary Schaffer*
 Cause of Death { Primary *Convulsions* Immediate
 How long sick
 Accident, Suicide, Homicide

Reported by *J. B. Schiefeld*
 Address *1400 First St*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



William B. Windsor

Town

County

Died at

MARYLAND

Date 1920 2 Apr 15th Month Day Y. M. D. Age 69.2.10 Native of U.S. Occupation Saluman
 Male White Married Widower Divorced
 Female Colored Single Widower Number of children living 10

Husband

of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

accident. Fractured Rib
Traumatic pneumonia

How long sick

1 week

Death

Immediate

Heart failure

Accident, Suicide, Homicide

Reported by

A. C. Slink M.D.

Address

Pawhatan

Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr. A. C. Squire
of Lowhater - Maryland
Seen by Coroner
of

Information contained in this certificate received
from A. C. Squire M.D.
of Lowhater

Name In Full

Certificate of Death

Died at

Date

Town

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Occupation

Male

White

Married

~~Widow~~~~Divorced~~~~Female~~~~Colored~~~~Single~~~~Widower~~

Number of children living

3

Husband of

Wife

Father's

Name

Mother's

Name

Cause of

Primary

How long sick

Death

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898



Name In Full

Certificate of Death

Gottlieb Wolf

Town

County

MARYLAND

Died at

Canton

Baltimore

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1902

April

19

Age

31

4

Md.

Labour

Male

White

~~Married~~

Widow

Divorced

~~Female~~~~Colored~~

Single

Widower

Number of children living

—

Husband

of

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

Pneumonia

Death

Immediate

Exhaustion

How long sick

1 month

~~Accident, Suicide, Homicide~~

Reported by

W. H. Schwatta

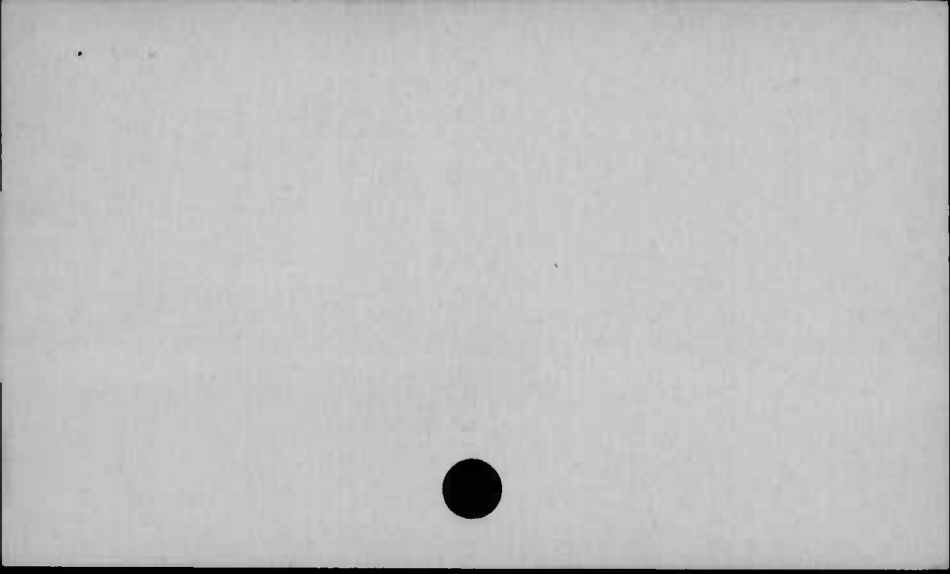
M. D.

Address

2429 Fair Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70836



Name in Full

Certificate of Death

Nathan Albert Sylvester Young

Town

County

Died at

Cockeysville

Bald

MARYLAND

Date 1902

Month Day

April 26

Y. M. D.

Native of

Occupation

Age

6

mo

infant

Male

~~White~~~~Married~~~~Widow~~~~Divorced~~~~Female~~

Colored

Single

~~Widower~~~~Number of children living~~

Husband of

Wife

Father's

Name

Albert Taylor

Mother's

Maiden Name

May Rose Young

Cause of

Primary

How long sick

12 hours

Death

Immediate

Septicemia (neurotonum)

~~Accident, Suicide, Homicide~~

Reported by

Dr B.R. Benson

Address

Cockeysville

Bald Co. MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

